Commonwealth of Massachusetts Human Resources Division (HRD) Fire Departmental Promotional Exams Employment Verification Form

Instructions: The Appointing Authority (or his/her designee) <u>must sign</u> and date this form, certifying the information provided for each promotional applicant is accurate. Attach additional sheets if necessary. This form must be submitted no later than 7 calendar days after the exam with a deadline of **November 26**, **2016**. Supporting documentation must be scanned and attached to your application or sent to <u>civilservice@state.ma.us</u> no later than **November 26**, **2016**. <u>Applicants who are claiming the 25-Year Promotional Preference</u>: This Form will serve as the primary source of verification and computation of an applicant's eligibility for this preference, and the exam date of **November 19**, **2016** will be the computation cut-off date. Time worked as a Permanent Reserve/Intermittent Firefighter or a Temporary Firefighter after certification may be applied toward one's eligibility for this preference. Please be thorough in completing this form. Not indicating full-time or part-time (if part-time then hours) will be considered insufficient verification.

PROMOTIONS WI	Rank:	·	<u>Date o</u>	motions and Rank): of Promotion:
	THE DEPAI	RTMENT. (E.	xamples: Acting (AL SERVICE OR OTHER Captain, Temporary Deputy Chief, e.
Rank:	,	Total # of F	Iours: ad Service Timeframe. ar "FT". If part-time,	<u>Dates of Service Timeframe:</u> (From – To)
(Example: Tem	p Deputy Chie	ef) F	Т	(12/1/2011-03/20/2012)
		 2004 To Nove	ember 19, 2011.	
		Total # of F	Iours: d Service Timeframe. er "FT". If part-time,	Dates of Service Timeframe: (From – To)
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